

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. | FILING DATE | | | |
|--|----------|------|------------------------|------|------------------------|------|--------------|-------------|------|------|------|
| | | | | | | | APPLICANT(S) | | | | |
| | | | | | | | 19 CLAIMS | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * 2 45 * | | * | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. |
| 1 | | | | 101 | 1 | | 51 | | | | |
| 2 | | | | 102 | | | 52 | | | | |
| 3 | | | | 103 | | | 53 | | | | |
| 4 | | | | 104 | | | 54 | | | | |
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| 13 | | | | 113 | | | 63 | | | | |
| 14 | | | | 114 | | | 64 | | | | |
| 15 | | | | 115 | | | 65 | | | | |
| 16 | | | | 116 | | | 66 | | | | |
| 17 | | | | 117 | | | 67 | | | | |
| 18 | | | | 118 | | | 68 | | | | |
| 19 | | | | 119 | | | 69 | | | | |
| 20 | | | | 120 | | | 70 | | | | |
| 21 | | | | 121 | | | 71 | | | | |
| 22 | | | | 122 | | | 72 | | | | |
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| 49 | | | | | | | 99 | | | | |
| 50 | | | | | | | 100 | | | | |
| TOTAL IND. | | | | | | | TOTAL IND. | | | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | |